

Entered - 11/20/00 - sb
CL00L0704 - DIANNE C. MITCHELL

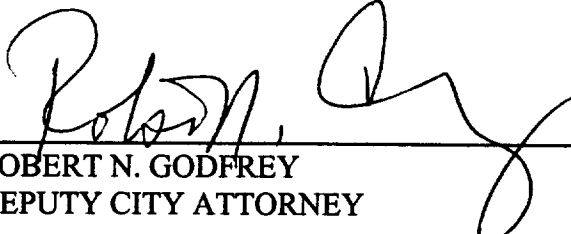
01-R-0016

CLAIM OF: **PETER A. AND BARBARA J. ADAMS**
3374 Aztec Road, #36-A
Doraville, Georgia 30340

For damages alleged to have been sustained as a result of a vehicular
accident on October 19, 2000 at 14th Street and Holly Street.

THIS ADVERSED REPORT IS APPROVED

BY: _____


ROBERT N. GODFREY
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0704

Date: December 28, 2000

Claimant /Victim PETER A. AND BARBARA J. ADAMS

BY: (Atty)(Ins. Co.) _____

Address: 3374 Aztec Road, #36-A, Doraville, Georgia 30340

Subrogation: Claim for Property damage \$ 6,500.00 Bodily Injury \$ _____

Date of Notice: 11/17/00 Method: Written, proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 10/19/00 Place: 14th Street and Holly Street

Department: Police Division: _____

Employee involved Robert J. Stack Disciplinary Action: Pending

NATURE OF CLAIM: The driver of the City vehicle attempted to make a "U-Turn" in front of the claimants' oncoming vehicle and collided with same causing the collision. However, the claimants has elected to receive payment for their damages through their insurance carrier.

INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____

Pictures _____ Diagrams _____ Reports: Police X Dept Report _____ Other _____

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____

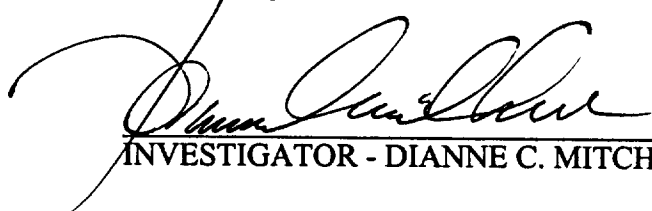
Improper Notice _____ More than Six Months _____ Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. X Repair/replacement by City Forces _____

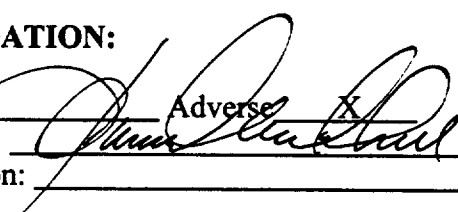
Claimant Negligent _____ City Negligent X Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - DIANNE C. MITCHELL

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 122800

Committee Action: _____ Council Action _____

incident # 00283022

accident # 00288622
002830104

**COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK**

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

ENTERED - 11-20-00 - SB
000704 - DIANNE MITCHELL

RE: CLAIM FOR DAMAGES

Today's Date: 11/15/00 11-17-00

Dear Municipal Clerk:

* Dr. Kim (404) 373-0400 for knee (torn anterior cruciate ligament)
Dr. Hughes (404) 875-3020 for neck and back

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 6,500 - 7,000 (total) property and/or ~~currently being treated~~ bodily injury for which I contend the City is liable.

1. Date of incident: 10/19/00 (month/day/year) 2. Time of Incident: 2:05 AM 3. Police called: ☒ Yes ☐ No
4. Location of incident (including street address): 14th St NW / @ Holly St. NW
5. Name of your insurance company: State Farm Policy No. P201046-C29-11A
6. State what and how incident occurred: I, Peter A. Adams, was driving eastbound on 14th St. and as I passed Holly St. by the Georgia Public Broadcasting building, a police officer, Robert J. Stack made an illegal u-turn in front of me and struck my vehicle.
7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!
8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).
Your vehicle: Honda Civic LX '93 921 LOR Peter A. Adams
(Make) (Year) (Tag Number) (Driver's Name)
City vehicle: Ford Crown Victoria '00 Robert J. Stack City of Atlanta Police Dept. Zone 5
(Make) (City Driver's Name) (Department/Bureau)
9. Witness: Denise M. Sanchez 666 S. Evelyn Pl. ATL, GA (404) 784-0765
passenger (Name) (Address) 30318 (Telephone Number)
10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).
11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE
INFORMATION IS TRUE AND CORRECT.

Peter Adams
Signature of Claimant

Peter A. Adams
(Print Claimant's Name)

3374 Artec Rd. 36 A
(Address)

Doraville, GA 30340
(City, State and Zip Code)

(770) 452-8282 (770) 986-9594
(Work Number) (Home Number)

01-R-0016